

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
WORKSHEET TO DETERMINE ALF LEVEL OF CARE**

(The use of this worksheet is optional.)

Resident's Name: _____

STEP 1: Based on the completed UAI, complete sections below.

ADLs	Check if Dependent (D)
Bathing	
Dressing	
Toileting	
Transferring	
Eating/Feeding	
Bowel	
Bladder	

Number of ADL Dependencies: _____

Selected IADLs	Check if Dependent (D)
Meal Preparation	
Housekeeping	
Laundry	
Money Management	

Number of IADL Dependencies: _____

Medication Administration: Check here if Dependent _____

Behavior Pattern: Check here if Dependent _____

*Behavior Pattern and Orientation: Check here if
Semi-Dependent or Dependent* _____

*The resident has no prohibited conditions per the
Code of Virginia, § 63.2-1805.* _____

STEP 2: Apply the above responses to the criteria below to determine where the individual fits and circle the appropriate level of care.

RESIDENTIAL LIVING LEVEL OF CARE IN AN ALF:

1. Rated dependent in only one of seven ADLs; OR
2. Rated dependent in one or more of four selected IADLs; OR
3. Rated dependent in medication administration.

REGULAR ASSISTED LIVING LEVEL OF CARE IN AN ALF:

1. Rated dependent in two or more of seven ADLs; OR
2. Rated dependent in behavior pattern.